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Dermatitis Artefacta (Factitious Dermatitis) – A Study of 12 Cases

Medical Science

KEYWORDS : Dermatitis artefacta; psychological illness, bizarre skin lesion

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ABSTRACT

Dermatitis artefacta is a Psychocutaneous disorder defined as the deliberate and conscious production of self inflicted skin lesions to satisfy an unconscious emotional or psychological need .During routine checkup of patients there is no clue for correct diagnosis as their hematological investigations and histological examination of skin lesions are usually negative . In present study, over a six months period ,12 patients were diagnosed with dermatitis artefacta at Vraj psychiatric hospital, Ahmedabad during routine outpatient psychiatric consultation. Out of 12 patients, 7 patients directly came to hospital with associated skin lesions and 5 patients were referred by dermatologist for psychological Assessment to identify underlying psychopathologic factors . The 12 patients compromised 10 females and 2 males aged 15- 40 years. Dermatitis artefacta in the male was probably caused for secondary gains. Out of 8 females, 2 females were married and 7 females were unmarried aged 12- 30 years . Almost all females had underlying severe emotional or psychological problems .The diagnosis were based on vagueness of history given by the patients and presence of bizarre skin lesions distributed over the sites accessible to patients – face, neck , hands and legs . Routine investigations were done to exclude possibility of other diseases. ALL patients were treated as outdoor patients.

INTRODUCTION: During embryonic life skin and nervous system develop adjacent to each other as ectoderm and neuroectoderm respectively and remain interconnected throughout life. Dermatitis artefacta is a self inflicted [1]dermatologic injury produced for primary or secondary gains. These skin lesions serve as powerful, non –expressive verbal messages .Pathophysiologic of dermatitis artefacta is poorly understood. Multifactorial causes include genetics, psychosocial factors, and personal or family history of psychiatric illness is reported. Precipitating factors range from simple anxiety to interpersonal conflicts and severe personality disorders including compulsive behavior, depression and psychological problems .Sometimes there is no obvious emotional or psychotic problems. The subjects are expert in producing skin lesions which are not easily diagnosed. First presentation may be in adolescence and remain undetected for many years. This condition is easily missed because of lack of awareness of disorder on the part of physicians.

PATIENTS AND METHODS: The present study was conducted at Vraj psychiatric hospital, Ahmedabad Gujurat with outpatient services from November -2012 to April – 2013. Among all other routine patients , 12 patients were selected for this study. Detailed psychiatric history including course and duration of illness, mode of onset, family history, and occupation and about social circumstances were asked. Patient was also asked about mode of onset and duration of skin lesions.

On examination site and distribution of skin lesions were recorded. Diagnosis of dermatitis artefacta was based on absence of precise clinical history of disease and bizarre skin lesions located at sites accessible to patient's hands. Psychiatric assessment was done in all patients to identify underlying Psychopathologic factors. Appropriate laboratory investigations were done to rule out the diseases considered in differential diagnosis. Patients were treated by giving anti –psychotic medicine as well as by counseling sessions. For dermatologic lesions patients were referred to skin expert.

OBSERVATIONS:
Table-1 summarizes the data on 12 patients.

Table -1 Dermatitis artefacta: study of 12 cases

Case	Sex/Age (Year)	Site of lesion	Associated factors
*1	F/ 36	Face	Marital separation, hysterical
*2	F/42	Face, Neck	Interpersonal conflicts with family members
3	F/28	Neck	Depression
*4	F/ 16	Right forearm	Hysterical behavior with depression
5	F/ 32	Breast	Interpersonal conflicts with parents
*6	F/ 12	Both limbs	Interpersonal conflicts with school- teachers
7	F/ 22	Right leg	Frequent emotional upsets- borderline personality disorder
8	F/ 15	Both legs	Psychosis, trichotilomania
*9	M/ 32	Left calf and ankle	obsessive compulsive disorder
10	F /45	Bilateral ulcer on forearm	Depression
11	M/ 20	Ulcer on left hand	Psychosis
12	F/ 28	Left leg	Marital depression

*** Cases reported in detail.**

Additional details are reported for cases 1, 2, 4, 6 and 9.

CASE – 1 A 36 years old female presented to dermatologist in December -2012 with a two years history of recurrent skin lesions on face and neck . Cause of which she could not explain. She was referred to Psychiatrist (Author). On history taking it was revealed that she and her two children were abandoned by her husband. She was living with her parents .She was suffering from depression. Skin lesions revealed multiple non healing scars on face and neck.(Figure-1) Laboratory investigations were normal. Clinical condition dermatitis artefacta was suspected .She was advised antidepressants and follow up visits every two weeks. After four weeks there was marked improvement in her outlook but skin lesions were still present.

CASE-2 A 42 years old female presented with psychiatric illness. By history taking it was known that she was divorcee. She had chronic depression with dysthymia (Chronic depressed mood). Examination revealed polymorphic, bizarre skin lesions on face and neck. Lesions were painful. By history taking from relatives it was found that lesions were chronic, none healing and occurring at different sites every time. Dermatitis artefacta was suspected. Patient was further evaluated in detail .Laboratory investigations were normal. Treatment with anti depressant produced marked improvement in her general outlook. Patient was referred to dermatologist for skin treatment. After 4 weeks follow up visit, skin lesions on face and neck were cured but

similar pattern of lesions were on legs.

CASE- 3 A 16 years old female came to Psychiatrist (Author) with complain of hyperventilation and spell of unconsciousness with severe degree of anxiety. On detail interrogation it was found that it was not complete unconsciousness, but patient mimic like she is unconscious and it was without tongue bite or tonic-conic convulsion, on mental status examination it was total attention seeking behavior, patient was in depressed mood since 1 month, Do not like to study, had suicidal ideation, all this symptoms got aggravated after she had poor result in11th standard. On examination it revealed multiple erythematous excoriated lesions on non dominant forearm (Figure-2) .It were suspected to be self-inflicted. She was given SSRI antidepressant medication with anti-anxiety drugs and psychotherapy. She was referred to dermatologist for further evaluation.

CASE -4 A 12 years girl presented to Psychiatric clinic in January – 2013 with complain of refusal to go to school. On detail interrogation it was found that she often complaining for abdominal pain, vomiting and giddiness while school bus about to arrive in morning for going to school. Interpersonal conflict was found with teachers because teachers were very strict for homework. On examination multiple, circular, similar sized ulcers were present on both legs. There was positive family history of similar behavior present in her elder sister. Counseling session of parents and teachers were advised. Patient was referred to dermatologist for further skin treatment. After his opinion diagnosis of dermatitis artefacta was confirmed.

CASE 5- A 54 years old male patient was referred by dermatologist to Psychiatrist (Author) with complain of repetitive behavior of scratching his left calf and left ankle since 6 months. On examination multiple erythematous scratch marks were present. After history taking it revealed obsessive compulsive disorder. Routine hematological investigations were normal. Patient was treated with behavior therapy and clomipramine hydrochloride.

DISCUSSION: In present study out of 12 cases, females were affected more than males. (10:2) . Female to male sex ratio in previously published study was 7.6:1 ; by Sneddon and Sneddon and 7.3:1 by Fabisch[4] .Psychiatric conditions like depression ,anxiety, personality disorders are often associated in 25-30% of all dermatological conditions [2,3] Dermatitis artefacta may occur in persons of any age, commonly starts at adolescence and manifests with medical or dermatologic illness. These self inflicted skin lesions may be present continuously or episodic, occurring during periods of maximal psychological stress. The patients of dermatitis artefacta require both dermatological assessment and psychological support. Patients appear to produce skin lesions as an outlet for nervous tensions arising from interpersonal conflicts or unresolved emotional problems or personality disorders compelling family members to seek medical care. For these patients cure of dermatoses is less desirable than the disease itself. They require sympathetic management and family support.

In present study, there appears to have been some profit motive for dermatitis artefacta in two male patients. Two male patients were factory workers had been working for two years without vacation and missed their family. They hoped that their factory owner might send them home because of ulcers on forearm and hand.

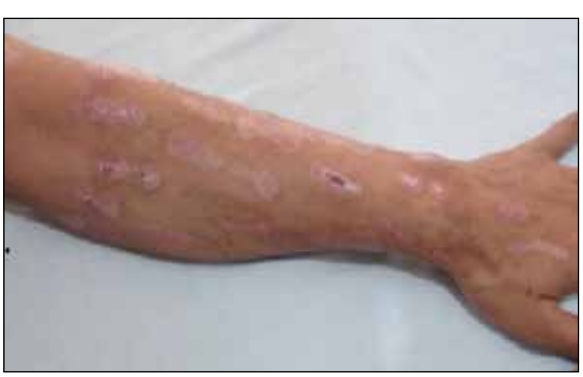
The various methods of producing skin lesions depend on the patient's background, including level and type of education. Deep excoriation may be caused by finger nails, scarification or cuts by sharp instrument such as blade or knives or burns with cigarette, hot water etc.Usually patients do not reveal how they produce the lesions.

Diagnosis of dermatitis artefacta may be difficult if clinician is unaware of its existence. Diagnostic clues include site and distribution of lesions, how the lesions occurred, indifference to symptoms and associated emotional disturbances. On examination, there are wide variations in morphological appearance of lesions; excoriations, scars ulcers of similar sizes and shapes not correlated with any cutaneous disease. Skin lesions were located at sites easily accessible to hands of patients may be solitary or bilateral and symmetrically distributed. Healing or disappearance of lesions while using occlusive dressing to limit patient's access are additional clues. (Cases 4, 9, 11.) The need for careful evaluation to identify organic disease has been highlighted by Cox and Wilkinson[5] The dermatologic diagnosis of dermatitis artefacta does not give clue to underlying pycho pathologic condition and has been reported in 3.7% of cases of trichotilomania [6.] According to recent study reviewed by Koblenzer[7] There is a significant overlap between dermatitis artefacta and neurotic excoriations in patients with different psychiatric disorders.

The management of patients with dermatitis artefacta has to be gentle, supportive and flexible and involves a bond of trust between doctor and patient. Psychiatric treatment is also essential. There should be liaison [7,8]between dermatologist and psychiatrist. Treatment of skin lesion should be supportive with cleaning and application of topical antibiotics and application of occlusive dressings to discourage access to lesion. In neglected cases, real complications arise, such as osteomyelitis or fistulae providing need for further intervention. There may be unexpected complications to the induced damage such as cerebral abscess, osteomyelitis and peritonitis which may be life threatening.[9]

FIGURE- 1

FIGURE - 2



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